

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000003678

1. Entity Name

GRACE TABERNACLE WORSHIP & PRAISE
MINISTRIES, INC.



Principal Place of Business

10830 NW 35TH PLACE
SUNRISE, FL 33351

Mailing Address

10830 NW 35TH PLACE
SUNRISE, FL 33351



04162008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1104762

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, NIGEL
10830 NW 35TH PLACE
SUNRISE, FL 33351

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SMITH, NIGEL D
STREET ADDRESS	10830 NW 35TH PLACE
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	DV
NAME	SMITH, DORNA J
STREET ADDRESS	10830 NW 35TH PLACE
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	DS
NAME	SMALL, DOTTILDA
STREET ADDRESS	2451 NW 41ST AVE BLDG 5 APT 105
CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	DT
NAME	GREEN, KHARLEEN
STREET ADDRESS	861 NW 64TH TERRACE
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/13/08-80043-002 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nigel Smith

Nigel Smith

Director

4/15/08

954-588-3909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #